



_____ Posted on System

Genesee Education Consultant Services, Inc.

OVERTIME REQUEST/VERIFICATION OF HOURS WORKED

Name _____ Date Submitted _____

Date(s) and hours per date _____ District/Program/Site _____

Reason _____

Overtime must be pre-approved by employee supervisor. Compensatory or Flex time is not allowed.

Total Number of Hours worked over 40 in each week _____

Employee Signature

Employee Supervisor

Supervisor Signature for Approval